

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

8-14-09

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2			1			
3			1			
4			2			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
20			2			
21			1			
22			1			
23			1			
24			1			
25			1			
26			1			
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33		1				
34			1			
35			1			
36			1			
37			1			
38		1				
39			1			
40			1			
41			1			
42			1			
43		1				
44			1			
45			1			
46			1			
47			1			
48		1				
49			1			
50			1			
TOTAL IND.			?			
TOTAL DEP.			?			
TOTAL CLAIMS			52			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51					1			
52					1			
53					1			
54					1			
55					1			
56								
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.			?					
TOTAL DEP.			?					
TOTAL CLAIMS			52					